

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:23

DOCUMENT # **M90792 (6)**  
1. Corporation Name  
**STANFORD & CO. INSURANCE CONSULTANTS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>702 ENTERPRISE ROAD, EAST SUITE 404 SAFETY HARBOR FL 34695 US</b>	Mailing Address <b>701 ENTERPRISE ROAD EAST 404 SAFETY HARBOR FL 34696 US</b>
---	--

3. Date Incorporated or Qualified <b>07/25/1988</b>	3a. Date of Last Report <b>08/12/1994</b>
--	--

2. Principal Place of Business 21 <b>3114 EGRET TERRACE</b> Suite, Apt. #, etc. 22 City & State 23 <b>SAFETY HARBOR, FL</b> Zip 24 <b>34695</b> Country 25 <b>FLORIDA</b>	2b. Mailing Address 26 <b>2519 McMillen Booth Rd</b> Suite, Apt. #, etc. 27 <b>SUITE 510-244</b> City & State 28 <b>CLEARWATER, FL</b> Zip 29 <b>34621</b> Country 30 <b>FLORIDA</b>
---	--

4. FEI Number <b>58-2905583</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**STANFORD, MARY  
701 ENTERPRISE ROAD EAST  
STE 404  
SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent  
81 Name **MARY STANFORD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3114 EGRET TERRACE**  
83  
84 City **SAFETY HARBOR** FL 85 Zip Code **34695**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **MARY STANFORD** *Mary Stanford, Pres.* DATE **5/17/95**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE <b>PST</b>	NAME <b>STANFORD, MARY L.</b>	STREET ADDRESS <b>701 ENTERPRISE RD EAST, STE 404</b>	CITY - ST - ZIP <b>SAFETY HARBOR FL</b>
TITLE <b>D</b>	NAME <b>STANFORD, MARY L.</b>	STREET ADDRESS <b>701 ENTERPRISE RD EAST, STE 404</b>	CITY - ST - ZIP <b>SAFETY HARBOR FL</b>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Stanford* **MARY L. STANFORD, PRES.** DATE **5/17/95 (819) 797-7966**  
Signature typed or printed name of signing officer or director. Date (Month/Day/Year)